UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

FILED
IN CLERK'S OFFICE
US DISTRICT COURT E.D.N.Y.
★ DEC 16 2016 ★
BROOKLYN OFFICE

Anthony Sanders

Plaintiff,

[Insert full name of plaintiff/prisoner]

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

JURY DEMAND

YES ✓ NO ____

-against-

Captain m. Garcia
Captain Banda
John DoE
John DoE
John DoE
John DoE
John DoE

Defendant(s).

CV 16- 7005

CHEN, J.

BLOOM, M.J.

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

I. **Parties**: (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Anthony Sanders

If you are incarcerated, provide the name of the facility and address:

West Facility 16-06 Hazen Street E. ElmHurst
Ny 11370

Prisoner ID Number: 1411508181

"See ~~Attached~~"

- Against -

Dora Schriro, Commissioner

If you are not incarcerated, provide your current address:

____

____

____

Telephone Number: ________________________

B. List all defendants. You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

M. Garcia
Full Name

Correction captain
Job Title

Rikers Island
E. ElmHurst, NY 11370
Address

Defendant No. 2

Banda
Full Name

Correction Captain
Job Title

Rikers Island
E. ElmHurst, NY 11370
Address

Defendant No. 3

John Doe
Full Name

Correction officer
Job Title

Rikers Island

E.ElmHurst, NY 11370
Address

Defendant No. 4

John Doe
Full Name

Correction officer
Job Title

Rikers Island
E.ElmHurst, NY 11370
Address

Defendant No. 5

John Doe
Full Name

Correction officer
Job Title

Rikers Island
E.ElmHurst, NY 11370
Address

II. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

Where did the events giving rise to your claim(s) occur? West Facility 16-06 Hazen st outside of Intake area

When did the events happen? (include approximate time and date) November 15 2016 At Approximate 8:15am To 11:30am

"See Attached"

Defendant No. 6
John Doe
Correction officer
Rikers Island
E. ElmHurst, NY 11370

Defendant No. 7
Dora Schriro, Commissioner
NYC Department of
Correction
75-20 Astoria Boulevard
Jackson Heights, NY 11370

Facts: (what happened?) On November 15 2016 At West Facility Rikers Island NY 11370 I was Force To go To court I Had no Acknowledge of and 5 officers and 2 Captains Which I only Know The 2 captains name Due To me coming in contact with them. The 5 officers I don't know The name of so I will Refer Them as "John Doe" while The officers also known as "John Doe" use Force without any authorization To do so To Put me on Department of correction Transportation Bus I ha injuries To my leg which I did show anybody & To my arms But The Real Injuries Came From when Captain M. Garica #193 Touch my Private area and which I Receive a Scar To my Right leg Next To my Private area From me not allowing Captain Garica Touch me There and He Had a Sharp object Which lead me To get an Injurie To my leg While on The Bus While all of This Took Place it was Raining outside and This Process Took more Then 3 Hours going of Camra more Then once Captain Bauda was The one Commending The officers To Hold me down & Trying To Put me on The Bus and Captain Bauda Told me if I Say anything Something was going To Happen To me So I didn't say anything About what captain Garica did To me. Because I was Scared

II.A. Injuries. If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

I Have cuts on my arms & leg and I didn't Recieve any Treatment For The cut on my leg Because of what Captain Bauda Told me.

III. Relief: State what relief you are seeking if you prevail on your complaint.

Treatment for me Being Emotional distress and 800,000 For The damages I Suffer

I declare under penalty of perjury that on 12/6/16 (date), I delivered this complaint to prison authorities at West Facility 16-06 Hazen st (name of prison) to be mailed to the United States District Court for the Eastern District of New York.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 12/6/16

Anthony Sanders
Signature of Plaintiff

West Facility
Name of Prison Facility or Address if not incarcerated

16-06 Hazen st
E.Elmhurst, NY 11370
Address

141150818l
Prisoner ID#

rev. 12/1/2015